Texas Department of Aging and Disability Services

## Home and Community-based Services Implementation Plan

Form 2125 September 2013

Implementation Plan for: Marshall Law				Care ID:	M0X0	X0	Comp Code:	8FV		
Service Component: Speech			Back-up Plan Required:yes \_noDate IP Developed					d: 6/15/13		
IPC Begin Date: 5/28/2013 IPC Effective D			IPC Effective Date:	6/15/2013 IPC End Date: 5/27/201					4	
Desired Outcome(s)/Purpose(s) from PDP Action Plan for this Service Component:										
Marshall and his parents want him to speak more clearly.										
2.										
3.										
4.										
In Addition to the PDP, Development of Implementation Strategies Based On (check all that apply):										
□ Conversation(s) with: Marshall, his parents and his caregivers										
☐ Observation ☐ Formal Assessment(s): Speech assessment 6/2/13										
lmp	olementation S					rt Date:	Targeted Completion:	Calculation of (If applicable		Total Units (per strategy)
Staff will schedule an appointment with a speech therapist an assessment.					for 6	/1/13	6/2/13			4
The assessment recommended one hour/week for the next months and evaluate progress at that point.						15/13	12/15/13			27
Total IPC Units Needed for this Service Component:									31	
Requisition Fee (if applicable)										
Signature for Implementation Plan:										
☐ Signature sheet for implementation plan(s) on file										
or										
Signatures below: <u>Marshall Law</u>										
	Signature-Individual Signature- Legally Authorized Representative									
	Family Member/Advocate									
Signatures for Discontinuation of Implementation Plan:										
Signature – HCS Provider Representative or Individual LAR Date										